

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0618990 AT

DOCUMENT # P98000056112

1. Entity Name
DELAWARE NORTH PARKS SERVICES AT JETTY PARK, INC



Principal Place of Business
40 FOUNTAIN PLAZA
BUFFALO NY 14202

Mailing Address
40 FOUNTAIN PLAZA
BUFFALO NY 14202



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 16-1552611

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SZEFEL, DENNIS J	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LIVANOS, TIETSE	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRYBUS, JANICE R	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, RICHARD T	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, BRYAN J	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	P	<input type="checkbox"/> Delete
NAME	FEARS, BRUCE W	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY 14202	

TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAGE, PETER J.	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO, NY 14202	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, JEREMY M., JR.	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO, NY 14202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: TIETSE LIVANOS **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

(716) 958-5000

Daytime Phone #

CR2E034 (10/02)